



NASA Leadership and Management Development Programs

Participant Nomination Form

1. Program Requested (Please check the program name and insert the session number on the line)

<input type="checkbox"/> Business Education Program	BEP _____	<input type="checkbox"/> MEP / MIP Follow-On	MEP/MIP F _____
<input type="checkbox"/> Executive Business Education	EBEP _____	<input type="checkbox"/> SES Leadership Program	SESLP _____
<input type="checkbox"/> Management Education Program	MEP _____	<input type="checkbox"/> Strategic Business Management	SBM _____
<input type="checkbox"/> Managing the Influence Process	MIP _____	<input type="checkbox"/> The Human Element	THE _____

2. Nominee Information (Please complete the following participant information)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Last Name: _____	First Name: _____	Middle Initial: _____
Name to be used on name tag: _____		Social Security Number:*	
Phone: _____		FAX: _____	
Nominee's E-Mail: _____		Date of Birth: _____	Grade: _____
Functional Position Title (i.e., Chief, XYZ Branch): _____			
Administrative Officer's E-Mail: _____			

3. Mailing Information

Center: _____	Mail Stop/Code: _____
Street Address: _____	City/State/ZIP Code: _____

4. Special Dietary, Medical, Physical, or Other Requirements

5. Please Check Your Primary Activity

☐ Technical/Engineering ☐ Program/Project Management ☐ Administrative/Resource Management ☐ Research

6. Number of Direct Reports (Individuals with whom you formulate and sign performance plans/appraisals) _____

7. Previous Management Development Program(s) Attended

Date	Program Name	Length

8. Statement of Endorsement by Your Immediate Manager (Evidence of need, ability, potential, etc.)

Immediate Manager's Signature: _____	Date: _____

NOMINATING OFFICIAL'S CONCURRENCE

Center Director/Associate Administrator: _____	Date: _____
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**Forward nomination form to your Center's designated LMD Training Representative.
Questions? Contact CD20/Tina Smith at 544-7834**

* Disclosure of your social security number is completely voluntary. It is used as a unique identifier in a database which tracks program history and provides participants with a cumulative history of their attendance at programs, and it helps avoid duplicate records. This information is never printed on any documents or disclosed in any way.